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NORTH TERRACE

In the event of a

LIFE-THREATENING EMERGENCY

DIAL

(0)

Outside line

000

Police – Ambulance – Fire Service

THEN →

Explain the exact nature of the emergency and arrange to meet the emergency service provider

NOTIFY CAMPUS SECURITY

ext 35444 or dial 8313 5444

FIRE/SMOKE DISCOVERED

- R**emove people from immediate danger
- A**lert other occupants and Security activate (break glass) alarm if available
- C**ontain the fire – Close the door
- E**vacuate the area using the nearest safest exit or extinguish fire (if trained and safe to do so)
- Proceed to the designated assembly area **Do not use the lifts**
- Assist others to evacuate
- Follow designated escape routes and fire exit signage
- Await instructions from the Wardens or Emergency Services at the assembly area
- Occupants with Special Needs to activate their PEEP (Personal Emergency Evacuation Plan)

PERSONAL THREAT

- DO NOT Place yourself at risk**
- Obey the offender’s instructions.
- Attempt to de-escalate the situation.
- Call for back-up asap.
- Record description of offender, what was said, touched etc. (See checklist overleaf)**
- Contact the Police
- Notify Campus Security
- Report incident to the Chief Warden/Manager.
- Isolate the area until the Police arrive.

MEDICAL EMERGENCY

- Call for assistance from others – delegate tasks
- Person Mobile**
 - Summon local first aid officer and/or call Security on 35444. They will determine whether to refer the patient to University Health, their GP or RAH
- Person prone but conscious**
 - Summon local first aid officer and/or Security. They will determine whether to refer the patient to University Health or summon an ambulance
- Life-Threatening**
 - Ring 000 and advise exact location.
 - Summon First Aid Officer. Contact Security on 35444 who will notify University Health and direct the ambulance.
 - If trained, commence resuscitation/other treatment warranted until assistance arrives.
- Stay with the person until help arrives**

BOMB THREAT

- Telephone threat**
 - Treat as genuine.
 - Record exact wording, nature of threat, time, duration of call, details of caller’s voice, background noises.
 - Do not hang up the phone.
 - Contact Police, Security and immediate Supervisor
 - Report (don’t touch) any suspicious object to the Police.
- Complete bomb threat checklist see overleaf**
- Written threat**
 - Avoid any unnecessary handling
 - Do not photocopy
 - Contact Police and Security

EVACUATION

- Chief Warden** to brief Warden(s) on the nature/scale of the emergency, plan of action & safest path of egress.
- Wardens to:**
 - advise occupants of path of egress
 - inform the Chief Warden if persons with disabilities cannot be evacuated
- Occupants to:**
 - get your workplace ready to be left unattended
 - Save data and shut down computers
 - Turn off gas and electrical equipment
 - Take personal belongings
 - Proceed to the assembly area
 - Follow the Warden’s instructions
 - Do not re-enter the building until given the “All Clear”
 - Occupants with Special Needs to activate their Personal Emergency Evacuation Plan
- DO NOT USE LIFTS**
- FOLLOW designated exit routes**

EXTERNAL EMERGENCY

- Upon being advised of an external emergency which may impact on your area:
 - Assess level of risk based on the nature of the emergency
 - Consider lock-down or shelter-in-place options if necessary.
 - Commence shut-down procedures if necessary
- For earthquake: Do not use lifts**
 - Indoors: take cover under sturdy furniture or brace against the wall
 - Outdoors: move into the open
- Be guided by the Emergency Services and/or Campus Security**

INTERNAL EMERGENCY

- Major Hazardous Substances Spill**
 - Contact Fire Service Advise Location, Type (if known)
 - Restrict access to the area
 - Alert others in the area
 - Notify Campus Security
 - Evacuate affected area and close doors
 - Activate (Break Glass) alarm if available
- Major Flood – Water Intrusion**
 - Notify Campus Security
 - Alert others
 - Beware of water affected electrical installations
 - Re-locate equipment if possible
 - Notify Chief Warden/Manager
 - Evacuate the danger area
- Structural Damage**
 - If persons trapped, contact Fire Service
 - Notify Campus Security
 - Evacuate the affected area and isolate.

BIOLOGICAL AGENT

- (eg Anthrax Scare)**
 - DO NOT DISTURB THE ITEM**
 - If Spilt** – do not try to clean it up or brush it from clothing
 - Cover the package eg with a garbage bin to inhibit dispersal
 - Advise people to remain in the area
 - Prevent other people from entering the area
 - Stay in the area, help will come to you
- Contact Police then**
- Notify Campus Security**

BOMB THREAT CHECKLIST	
BOMB THREAT CHECKLIST QUESTIONS TO ASK	
1. What is it?	Accent (specify) _____ Any impediment _____
2. When is the bomb going to explode? Or When will the substance be released?	Voice (loud, soft, etc) _____ Speech (fast, slow, etc) _____ Diction (clear, muffled) _____ Manner (calm, emotional) _____
3. Where did you put it?	Did you recognise the voice? _____ If so, who do you think it was? _____
4. What does it look like?	Was caller familiar with the area? _____
5. When did you put it there?	
6. How will the bomb explode? Or How will the substance be released?	THREAT LANGUAGE
7. Did you put it there?	Well Spoken: _____ Incoherent: _____ Irrational: _____
8. Why did you put it there?	Taped: _____ Message read by caller: _____
CHEMICAL/BIOLOGICAL THREAT	
1. What kind of substance is in it?	Abusive: _____ Other: _____
2. How much of the substance is there?	BACKGROUND NOISES
3. How will the substance be released?	Street noises: _____ Aircraft: _____ Voices: _____ Music: _____ Machinery: _____
4. Is the substance a liquid, powder or gas?	Local call <input type="checkbox"/> STD <input type="checkbox"/>
BOMB THREAT QUESTIONS	
1. What type of bomb is it?	OTHER
2. What is in the bomb?	SEX: Male <input type="checkbox"/> Female <input type="checkbox"/> AGE yrs
3. What will make the bomb explode?	CALL TAKEN
EXACT WORDING OF THREAT	Date: _____ Time: _____ Duration of call (minutes) _____ Number called _____
	RECIPIENT Contact number(s) _____

PERSONAL THREAT : DESCRIPTION OF OFFENDER	
NOTES FOR COMPILATION	
<ul style="list-style-type: none"> Separate form required for each offender To be compiled immediately after incident by each staff member and witnesses Please tick as applicable If answer is unknown write NK against heading Do not consult others during compilation Senior officer to collect forms and hand to police. 	
Name or nicknames used _____	Ethnic Origin _____
Approximate Age _____	Height _____
Complexion	Weight _____
Fair <input type="checkbox"/> Dark <input type="checkbox"/> Pale <input type="checkbox"/>	Disguise _____
Fresh <input type="checkbox"/> Ruddy <input type="checkbox"/> Tanned <input type="checkbox"/>	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
Pimply <input type="checkbox"/>	Build Thin <input type="checkbox"/> Medium <input type="checkbox"/> Solid <input type="checkbox"/>
Accent	Voice Clear <input type="checkbox"/> Loud <input type="checkbox"/> Raspy <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Spectacles Glasses <input type="checkbox"/> Sunglasses <input type="checkbox"/>
Type _____	Facial Hair Unshaven <input type="checkbox"/> Moustache <input type="checkbox"/> Beard <input type="checkbox"/>
Posture	Hands Large <input type="checkbox"/> Small <input type="checkbox"/>
Erect <input type="checkbox"/> Normal <input type="checkbox"/> Stooped <input type="checkbox"/>	Callused <input type="checkbox"/> Hairy <input type="checkbox"/> Stained <input type="checkbox"/>
Walk	Fingers Missing <input type="checkbox"/> Other _____
Quick <input type="checkbox"/> Springy <input type="checkbox"/> Slow <input type="checkbox"/>	Gloves Latex <input type="checkbox"/> Leather _____
Limp <input type="checkbox"/>	Fabric <input type="checkbox"/> Other _____
Hair	Skin Tattoos <input type="checkbox"/> Scars <input type="checkbox"/>
Length _____	Description _____
Hair	Jewellery _____
Style _____	Other identifying features _____
Hair	Weapon Type _____
Colour _____	Method of escape _____
Eyes	Direction of escape _____
Colour _____	Vehicle Make _____
Shape _____	Model _____
Ears	Registration Number _____
Size/Shape _____	Colour _____
Earrings _____	Description _____
Lips	Number of occupants _____
Size _____	Other information _____
Shape _____	
Teeth	
Good <input type="checkbox"/> Spaced <input type="checkbox"/> Uneven <input type="checkbox"/>	
Missing <input type="checkbox"/> Discoloured <input type="checkbox"/>	
Clothing (include logos, colour, patterns, markings)	
Headwear _____	
Shirt _____	
Pants _____	
Footwear _____	
Carry bag _____	
Description of what the offender did, said, touched, carried, other	

PLEASE PRINT OUT A HARD COPY OF EACH CHECKLIST FROM THE UNIVERSITY OF ADELAIDE
EMERGENCY MANAGEMENT WEBSITE AND HAVE AVAILABLE AT YOUR DESK

<https://www.adelaide.edu.au/infrastructure/services/emergency-management>

COMPLETE THE APPROPRIATE CHECKLIST AS SOON AS POSSIBLE, BEFORE DISCUSSING WITH ANYONE.
TAKE THE FORM WITH YOU WHEN PROVIDING DETAILS TO THE POLICE, AND PHOTOCOPY FOR YOUR OWN RECORDS.
If you require any further information in regard to Emergency Procedures for your area, please contact Campus Security.